



ARIZONA STATE RETIREMENT SYSTEM (ASRS)

AFFIDAVIT OF OTHER PUBLIC SERVICE INSTRUCTIONS

Phoenix (602) 240-2000
Tucson (520) 239-3100
Toll-free (800) 621-3778
TTY (602) 240-5333
Fax (602) 240-2003
www.azasrs.gov

Note: You may only purchase service with a qualified public employer such as the federal government, a city, county, state, public school, or public university. You must purchase past service with separate employers sequentially (one at a time). You must be actively contributing to the ASRS or on ASRS Long Term Disability to be eligible to submit a service purchase request.

STEP 1

Complete the affidavit in its entirety using dark ink. Do not use correction fluid or make revisions.

STEP 2

Return the completed affidavit to the ASRS within 90 calendar days of submitting your purchase request. The ASRS will mail you a cost invoice within approximately 15 business days of receiving a properly completed affidavit.

Restrictions

- Nonprofit, private universities/schools and private sector service do not qualify for purchase.
- Service that overlaps with previously earned or purchased time may not be purchased.
- Do not complete this affidavit if you are attempting to purchase service with an ASRS employer. Please contact our offices for an *Affidavit of Public Service with an ASRS Employer* form.

Filling Out The Affidavit

SECTION 1 – Member Information

- Please fill in your personal information.
- List your former public employer's information and a human resources contact person currently working for the employer.

SECTION 2 – Employment Information

- List service by ASRS fiscal years (July 1 – June 30). List each fiscal year on a separate line. Use a 19xx – xx format (ex. 1981-82).
- Place an "x" or "✓" for each month worked. You must have worked at least one day in each month.

SECTION 3 – Verification of Ineligibility for Benefits from Previous Retirement System or Plan

- If you did NOT participate in the employer's retirement system or plan during the time period listed in Section 2, please check the box beside Option "A" and proceed to Section 4.
- If you did participate in the employer's retirement system or plan, please check the box beside Option "B" and initial only the one statement that applies to you.
 - Fill out the name of your previous retirement system or plan.
 - Make arrangements to forfeit your benefits from your previous retirement system or plan, if this applies to you. Be prepared to either use the funds as a pre-tax rollover payment or to provide evidence of the forfeiture no later than 30 days after your service purchase invoice is issued.

SECTION 4 – Statements of Understanding, Signature and Notary

- Please carefully read each statement of understanding. This affidavit must be signed and notarized. Your signature confirms understanding.

Contact Us

If you have any questions, please contact an ASRS Member Services representative by e-mail at contactus@azasrs.gov, or by phone at (602) 240-2000 in Phoenix, at (520) 239-3100 in Tucson, or at (800) 621-3778 outside metro Phoenix or Tucson.



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PLEASE PRINT
COMPLETE AND SEND
TO: ASRS - Member Services
PO Box 33910
Phoenix, AZ 85067-3910

Phoenix (602) 240-2000
Tucson (520) 239-3100
Toll-free (800) 621-3778
TTY (602) 240-5333
Fax (602) 240-2003
www.azasrs.gov

Please print. Do not use correction fluid or alter this form in any way.

Disclosure of your Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account and to inform the Internal Revenue Service of distributions and withholdings with respect to the individual's account

SECTION 1 – Member Information

Social Security Number	Member Name (Last)	(First)	(Middle Initial)
Other Names Used			
I certify I was employed by the following public employer during the dates listed below and have not received a retirement benefit for the time I am requesting.			
Name of Former Employer (Use a separate form for each employer.)		Position Held	
Address of Employer		Human Resources or Personnel Contact Person	
City	State	ZIP	Telephone Number of Contact Person ()

SECTION 2 – Employment Information

Please list each fiscal year on a separate line. List additional years on a separate affidavit.

Fiscal Year (use 19xx-xx format)	Check each month worked.											
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Example: 1989-90					X	X	X					
_____ - _____												
_____ - _____												
_____ - _____												
_____ - _____												
_____ - _____												
_____ - _____												
_____ - _____												
_____ - _____												



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Social Security Number	Member Name (Last)	(First)	(Middle Initial)
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SECTION 3 – Verification of Ineligibility for Benefits from Previous Retirement System or Plan

Please check either Option A or Section B.

A. ☐ I did not participate in a retirement system during the time period(s) listed.

Or

B. ☐ I did participate in a retirement system or plan during the time period(s) listed.

If you checked B, please complete and initial only the statement below that applies to you.

Initials	I am not eligible for a benefit from the _____ Retirement System or Plan because I took a refund from the system or plan on or about _____ (MM/YYYY).
Initials	The system or plan was non-contributory. There were no benefits when I terminated my membership in the _____ Retirement System or Plan.
Initials	I am currently eligible for a retirement benefit from the _____ Retirement System or Plan, but I will either be utilizing the funds as a pre-tax rollover payment or will provide proof that I have forfeited my benefits from that system or plan by the 'Due Date' listed on the forthcoming Service Purchase Invoice.

SECTION 4 – Statements of Understanding, Signature, and Notary

By my signature below, I certify that I have read and understand the following:

- Any person who knowingly makes any false statement, or who falsifies or permits to be falsified any record of the retirement plan with an intent to defraud the plan, is guilty of a Class 6 felony pursuant to Arizona Revised Statutes Section § 38-793.
- An audit may determine I am eligible for a benefit from the retirement plan listed above after I have already been allowed to purchase service from the ASRS because I indicated I was not eligible for a benefit. If this occurs, I will immediately take the steps necessary to forfeit my benefit in that retirement plan. I understand if this forfeiture is not completed in a reasonable time, any ASRS service which I have purchased based on the employment listed above will be revoked and my money will be refunded.
- This transaction is subject to audit. If any errors or misrepresentations are discovered as a result of this audit, my total credited service with the ASRS will be adjusted as necessary and if I am retired, my retirement benefit will also be adjusted.

Signature and Notary

Member Signature	Date
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State of Arizona)

)

County of _____)

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20_____.

(seal)

Notary Public